

PART B - FEE(S) TRANSMITTAL

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23410 7590 02/12/2008

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<u>Jocelyn L Lee</u>	(Depositor's name)
<u>JL</u>	(Signature)
<u>5/12/08</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,048	09/15/2000	Robert S. Behl	02-061 (US01)	3396

TITLE OF INVENTION: METHODS AND SYSTEMS FOR FOCUSED BIPOLAR TISSUE ABLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$220 1400	\$0 300	\$0	\$220 1700	05/12/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, LEE S	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE
BOSTON SCIENTIFIC
SCIMED, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Michael S. Davidson
 Typed or printed name Michael S. Davidson

Date 5/12/08
 Registration No. 43,577

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